

Supplemental Application Data Sheet

Application Information

Application Type::	Regular
Subject Matter::	Utility
Suggested Classification::	
Suggested Group Art Unit::	
CD-ROM or CD-R?::	None
Number of CD disks::	
Number of Copies of CDs::	
Sequence Submission?::	None
Computer Readable Form (CRF)::	No
Number of copies of CRF::	0
Title::	COSMETIC OR PHARMACEUTICAL COMPOSITION COMPRISING PEPTIDES, USES AND TREATMENT PROCESSES
Attorney Docket Number::	0591-1008
Request for Early Publication?::	No
Request for Non-Publication?::	No
Suggested Drawing Figure::	
Total Drawing Sheets::	
Small Entity?::	Yes
Latin Name::	
Variety Denomination Name::	
Petition Included?::	No
Petition Type::	
Licensed US Gov't Agency::	
Contract or Grant Numbers::	
Secrecy Order in Parent Appl.?::	No

Applicant Information

Applicant Authority Type:: Inventor
Primary Citizenship Country:: ~~FRANCE~~ FRANCE
Status:: Full Capacity
Given Name:: CLAUDE
Middle Name::
Family Name:: DAL FARRA
Name Suffix::
City of Residence:: ~~OPIO~~ KERHONKSON
State or Province of NEW YORK
Residence::
Country of Residence:: ~~FRANCE~~ USA
Street of Mailing ~~30, CHEMIN DE SAN PEYRE~~
Address:: 6 OLD PILGRIMS WAY
City of Mailing Address:: ~~OPIO~~ KERHONKSON
State or Province of Mailing Address:: NEW YORK
Country of Mailing Address:: ~~FRANCE~~ USA
Postal or Zip Code of Mailing Address:: ~~F-06650~~ 12446

Applicant Authority Type:: Inventor
Primary Citizenship Country:: SYRIA
Status:: Full Capacity
Given Name:: NOUHA
Middle Name::
Family Name:: DOMLOGE
Name Suffix::
City of Residence:: VALBONNE
State or Province of
Residence::
Country of Residence:: FRANCE
Street of Mailing 10, TRAVERSE DU BARRI
Address::
City of Mailing Address:: VALBONNE

State or Province of Mailing Address::
Country of Mailing Address:: FRANCE
Postal or Zip Code of Mailing Address:: F-06560

Applicant Authority Type:: Inventor
Primary Citizenship Country:: FRANCE
Status:: Full Capacity
Given Name:: JEAN-MARIE
Middle Name::
Family Name:: BOTTO
Name Suffix::
City of Residence:: VALBONNE
State or Province of
Residence::
Country of Residence:: FRANCE
Street of Mailing 1, PASSAGE DU SQUARE
Address::
City of Mailing Address:: VALBONNE
State or Province of Mailing Address::
Country of Mailing Address:: FRANCE
Postal or Zip Code of Mailing Address:: F-06560

Correspondence Information

Correspondence Customer 00466
Number::

Representative Information

Representative Customer	00466
Number::	

Domestic Priority Information

Application::	Continuity Type::	Parent Application::	Parent Filing Date::
This application	National Stage of	PCT/FR2003/003280	11/4/03

Foreign Priority Information

Country::	Application Number::	Filing Date::	Priority Claimed::
FRANCE	02/14012	11/8/02	Yes
FRANCE	03/09889	8/13/03	Yes

Assignment Information

Assignee Name::

Street of Mailing

Address::

City of Mailing Address::

State or Province of Mailing Address::

Country of Mailing Address::

Postal or Zip Code of Mailing Address::